

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/10/03.

I. DISPUTE

Whether there should be reimbursement for CPT J2550, J2175, J2800, 99284, and 90782 for date of service 8/5/03. These services were provided in an Emergency Room.

II. RATIONALE

The services in dispute were denied as, “F-Reduced according to Fee Guideline” and “A-Pre Authorization not obtained”.

Requestor states, in their letter dated 9/30/03, “It is our understanding that in reviewing the claim you feel that preauthorization was required, however, it was considered an emergent situation and under those conditions preauthorization is not required. In addition, the patient lives in a community that is approximately 65 miles from where he is employed. He was unable to get to his treating physician.” Documentation provided shows pain level of 10 (scale of 1-10), increased blood pressure, and bladder urgency.

Carrier received Medical Dispute Resolution Request on November 14, 2003. Response was received on December 18, 2003. Therefore, per Commission Rule 133.307 (e)(3)(C) that states, “Upon receipt of the request, the respondent shall: (C) file the completed request with the division and the requestor within fourteen (14) calendar days of respondent's receipt of the request”, response will not be considered.

Commission Rule 134.600(b)(1)(A) states, in part, “ The carrier is liable for all reasonable and necessary medical costs relating to the health care required to treat a compensable injury...when the following situations occur: an emergency, as defined in §133.1 of this title”. Rule 133.1 (7)(A) states, in part, “...a medical emergency consists of the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health and/or bodily functions in serious jeopardy, and/or serious dysfunction of any body organ or part.”

Commission Rule 134.202 (A) (5) (b), (c), (1), states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section. To determine the maximum allowable reimbursements (MARs) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications: for service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology the conversion factor to be used for determining reimbursement in the Texas workers' compensation system is the effective conversion factor adopted by CMS multiplied by 125%. For Anesthesiology services, the same conversion factor shall be used.

Therefore, reimbursement is recommended for \$139.34, calculated per Medicare Fee Schedule and the conversion factor.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement in the amount of \$139.34. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$139.34 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 17th day of February 2004.

Terri Chance
Medical Dispute Resolution Officer
Medical Review Division

TC/tc